

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 003 ****61.25

DOCUMENT # 725984 1. Entity Name MAI KAI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1935 S CONWAY RD ORLANDO, FL 32812 US			Mailing Address 1935 S. CONWAY RD. ORLANDO, FL 32812 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1579078	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHARP, WILLIAM B 1935 S CONWAY ROAD S-6 ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Gertenbach, Jean A. Street Address (P.O. Box Number is Not Acceptable) 1935 S Conway Rd E-6 City Orlando FL Zip Code 32812	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jean A. Gertenbach</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-2-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERTENBACH, JEAN A 1935 S. CONWAY RD E-6 ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gertenbach, Jean A 1935 S. Conway Rd E-6 Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLIFFORD, A H 1935 S. CONWAY RD I-7 ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Couture, Michael 1935 S. Conway Rd I-1 Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURR, JOSHUA W 1935 S. CONWAY I-8 ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hubbs, Clifford A 1935 S. Conway Rd I-7 Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBS, CLIFFORD A 1935 S CONWAY RD I-7 ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Burr, Joshua W 1935 S. Conway Rd I-8 Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTAGLIA, RICHARD 1935 S CONWAY RD R-3 ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tartaglia, Richard 1935 S. Conway Rd R-3 Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHTOWER, JANICE 1935 S. CONWAY RD Q-8 ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean A. Gertenbach* **Jean A. Gertenbach 2-2-08 407 249 1897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #